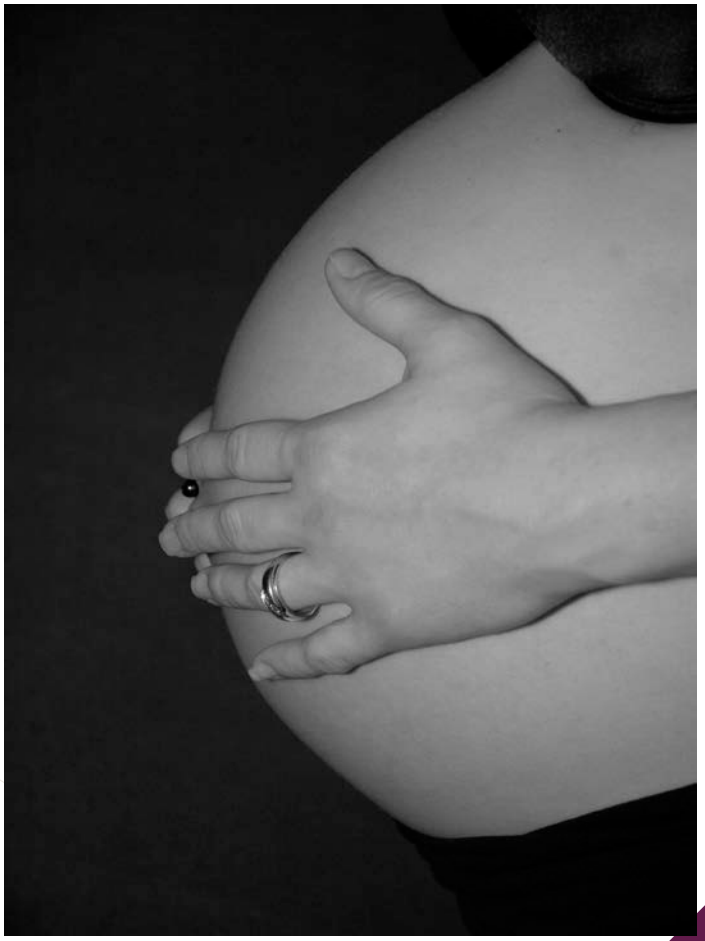
Pregnant substance abusers admitted according to § 10-3 in The Norwegian Health and Care Act (Incarceration)

”A pregnant substance abuser may be admitted to an institution without her consent and be held incarcerated if the abuse is such that it is highly probable that the child will be born damaged, and voluntary measures are not sufficient.»



No other country worldwide?

- The law only applies to incarceration, not compulsory treatment.

Ambivalence

Hope vs. Despair

Autonomy vs. Addiction

How autonomous and rational is an addicted person?

High level of total health expenditure per capita

- Ranked second among OECD countries
- Society is collectively responsible
  - High quality services
  - Available services
  - Reaching out to everyone regardless of their financial situation, social status, age, gender and ethnic background.

The treatment's content: 3 main goals:

- The pregnant woman and her relation to the child: Developing attachment, responsibility and affection.
- The pregnant woman and her relation to herself. Human dignity, hope and faith in the possibilty for change.
- The pregnant woman and her relation to the therapists and the institution: Trust, alliance, cooperation.

The number of admissions/year:

- 1996 - 2008: Gradually increase from around 5 up to around15 each year.
- 2009 - 2010 ca. 10 patients each year. (Simultaneously with an extensive reform in the Norwegian welfare system)
- 2011 – 2012 ca.15 patients each year.

How old are the patients?

- 1996-2005: 27, 9 years old in average.
- 2006-2008: 25,7
- 2009-2010: 28,3
- 2011-2012: 28,2

Mostly mixed illicit substances:

- Around 5 % claims to be using only alcohol .

«For how long do Norway keep on trying with voluntary measures?

Time period	Average
1996 - 2005	11 weeks
2006 - 2008	8,3 weeks
2009 – 2010	8,6 weeks
2011 – 2012	8,0 weeks

Year of admittance to Borgestadklinikken:	Number of admittances:	How many weeks pregnant in average?
1996-1999	16	**25,3**
2000-2002	26	**24,1**
2003-2005	42	**22,5**
2006-2008	45	**19**
2009-2010	21	**22,3**
2011-2012	31	**18**
1996 - 2012	**181**	

Basic Understanding and Treatment when a Pregnant Woman is Involuntarily Admitted

Ragnhild Lien Myrholt,
Head of Closed Ward
25.09.2013

Our vision

- We treat the women who are compulsory admitted in the same way as we treat pregnant women who are voluntarily admitted
- We acknowledge that it can be shocking and humiliating to have your freedom of action restricted

Our Main Aim

- Safeguarding the health of the foetus
- Offer alternatives to previously abused substances
- Guidance on how to raise a child
- Detention is not a treatment method, but the framework upon which the alliance building and the treatment itself begins.

Preventing damage to the foetus is our main priority

”No prospective mother wishes to harm her baby”

Detention
ocan possibly lead to change

Pregnancy
oa time of life when great natural changes take place and when the pregnant woman finds herself in a unique situation for change
oa pause, where one can decide which path to choose
othrough motivation one can create hope
ohope is essential for change

We intend to limit or prevent substance-induced damages to the foetus,

and in collaboration with the woman we help and give guidance on how to protect her unborn child

By showing certainty, help the pregnant woman explore and acknowledge the pain of the past, so that a hopeful outlook can be established.

The decision making process.

Social services in the community where the woman is currently staying, is responsible for making the right formal decision regarding the situation.

Admission of patients will most likely happen within 2-3 days.

Social services and the institution are obligated to collaborate during the entire pregnancy, and all decisions must be re-evaluated every third month.

The staff at the unit

Therapist (social work, law, sociology and psychology degree) responsible for treatment

Multidisciplinary team: Nurse, social nurse, child welfare, housewife

Physician

Midwife

Psychologist

Priest

Our partnerships.

-The substance abuse services in the communities

- The child welfare services - if the woman consents

- Maternity department in hospital

-Psychiatric clinic

-Public health nursing service

The unit

Freedom with responsibility.

After admission we create a collaborative relationship

The woman comes to rest, starts taking responsibility

After some time she is allowed to go outside without staff

Getting support to choose her own path...

During admission

- Building a trustful relation
- Motivation
- Mother-child relationship
- Environmental-therapeutic approach

Three areas of interest:

- The pregnant woman's relationship to her child
- View of self
- Relations to treatment team and the institution

Developing attachment to the unborn child

Most of the women admitted without consent, come from families where substance abuse was present in their childhood.

The relationship between mother and child starts during pregnancy.

How this relationship develops, depends on the woman's personal experiences and history.

Ability to visualize a future with the baby

Ability to empathize

Focus on the pregnancy and development of empathy for the unborn child

Substance abuse treatment

Provision of Substance Abuse Treatment

Focus on defense, denial, ambivalence and choice.

Weekly conversations, and diary.

Substance induced affects to unborn child

Parental functioning

Social networking, finance and housing.

It is important that external factors do not interfere with the focus we try to maintain, so that a mother-child relationship can be developed.

Partner

Visits or admission together with the pregnant woman

Relatives

Offer conversations, visits and communication before prospective home-visits

Role of the midwife

Help the pregnant woman through the painful and unknown.

Help maintain focus on the pregnancy and the unborn child.

Concentrate on the woman's strength and resourcefulness as a prospective mother.

Antenatal examinations where ultrasound is used to confirm that the foetus is doing well thus far, as well as conversations where we deal with issues such as feeling of guilt and attachment.

What happens to the mother after giving birth?	The child welfare services take over custody	Mother keeps custody	Father takes over custody			
Discharged to the community	18	22	1			
Prolonged treatment, voluntarily at Borgestadklinikken	15	29	0			
Prolonged treatment, voluntarily new institution	1	22	0			
Total	**34**	**73**	**1**		**108**	

Kompetansesenter rus -
Borgestadklinikken - Blå Kors Sør

Year of admittance to BK		Keeps custody of the child?		Total number of decisions
		No	Yes	
	1996	3	0	3
	1997	1	0	1
	1998	5	1	6
	1999	4	2	6
	2000	3	2	5
	2001	8	4	12
	2002	11	3	14
	2003	8	7	15
	2004	5	10	15
	2005	5	9	14
	2006	2	10	12
	2007	5	5	10
	2008	2	3	5
	2009	2	5	7
	2010	1	6	7
	2011	4	8	12
	2012	5	6	11
Total		74	61	155

The condition of the newborn child:

- Symptoms of abstinence is noted with 30 out of 65 children (46%).

Birth weight compared to Norwegian children in general (1996 – 2009):

* § 10-3 (n=110)	3165g
* Volunt.hosp. (n=57)	3362g
* Norw.newborns (n=760943)	3531g

«The coercion Act» is being practised towards the most seriously burdened dyads?

Birthweight related to the duration of the stay:

	> 140d	< 140d	(Diff.)
§ 10-3	3512g (n=31)	3029g (n=79)	(483g)
Volunt.	3439g (n=25)	3301g (n=32)	(138g)

2009-2010: 70 % of the «coerced» mothers stay on for voluntary treatment after giving birth. 62% from 2011-2012

- 2/3 of the parents who looses custody at birth, still stays on for voluntary treatment.

Maternity stay, with or without the Child

Aim:
To take care of mother and child during puerperium.

For those who loose custody of the child to the child protective services, help the woman cope with her loss

The father of the child/other relatives may be involved.

The time after Admission

- Summer reunion
- Conversations over the phone within 6 months
- Follow-up from the municipality
- Prolonged Substance Abuse Treatment
- Further treatment to assess parenting skills

To sum up, we intend to:

- Meet the woman with dignity and respect and to acknowledge the violation.
- Secure the unborn child. The pregnancy receives great attention.
- Establish a mutual cooperating relationship to help the women take responsibility
- Offer substance abuse treatment, prepare for motherhood and facilitate prolonged treatment for the family after the child is born.

“Thank you for
…your support and setting clear limits
…your honesty and for daring to be yourself
…long conversations and that you showed emotions
…your patience
…your good mood/kindness
…your strength and fairness”

”the stay was an awakening and made me grow up”

The secondary goal of the § 10.3 Act:

- *The stay should be utilized to offer the woman treatment due to her drug problems and help her to become capable of giving her child sufficient care.*

- Partly achieved?

Thank you for your attention!

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